

SENATE BILL NO. 289—SENATOR HARDY

MARCH 18, 2019

Referred to Committee on Commerce and Labor

SUMMARY—Revises provisions relating to the licensing of physicians. (BDR 54-610)

FISCAL NOTE: Effect on Local Government: No.  
Effect on the State: Yes.

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EXPLANATION – Matter in *bolded italics* is new; matter between brackets *[omitted material]* is material to be omitted.

AN ACT relating to professions; establishing procedures for issuing a license by endorsement to practice medicine to certain persons; revising procedures for verifying certificates and licenses under certain circumstances; removing prior disciplinary actions and malpractice claims as disqualifying occurrences for certain license applicants; prohibiting the Board of Medical Examiners from imposing additional licensing requirements on an applicant; revising the grounds for denying a license; requiring an annual report to the Legislature on the Board's licensing activities; making an appropriation; and providing other matters properly relating thereto.

**Legislative Counsel's Digest:**

Existing law requires a person to be licensed by the Board of Medical Examiners before practicing medicine in this State. (NRS 630.160) **Section 1** of this bill authorizes certain qualified physicians to obtain an expedited license by endorsement to practice in this State if the physician: (1) holds a valid and unrestricted license to practice in the District of Columbia or another state or territory of the United States; (2) is an active member or veteran of, the spouse of an active member or veteran of, or the surviving spouse of a veteran of, the Armed Forces of the United States; and (3) meets certain other requirements. **Section 2** of this bill permits an applicant to submit copies of certificates and licenses together with an affidavit explaining why the original documents are not available.

**Section 3** of this bill removes prior disciplinary actions and malpractice claims as prohibitions to receiving a license by endorsement, provided that the applicant is certified in a recognized specialty and licensed in another jurisdiction. **Section 3** also prohibits the Board from imposing additional licensure requirements on applicants for a license by endorsement. Additionally, **section 3** prohibits the Board



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from denying a license by endorsement because the physician practices a specialty for which he or she does not see patients.

**Section 4** of this bill requires that, on or before January 31 of each year, the Executive Director of the Board shall submit a report to the Legislature on certain licensing activity by the Board during the immediately preceding year. **Section 5** of this bill limits the fee charged to an applicant for licensure by endorsement under **section 1** to one-half of the fee for the initial issuance of a license.

**Section 6** of this bill makes an appropriation to the Office of Finance for allocation to the Nevada Health Service Corps to obtain matching federal funds.

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THE PEOPLE OF THE STATE OF NEVADA, REPRESENTED IN  
SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

**Section 1.** Chapter 630 of NRS is hereby amended by adding thereto a new section to read as follows:

*1. The Board may issue a license by endorsement to practice medicine to an applicant who meets the requirements set forth in this section. An applicant may submit to the Board an application for such a license if the applicant:*

*(a) Holds a corresponding valid and unrestricted license to practice medicine in the District of Columbia or any state or territory of the United States;*

*(b) Is certified in a specialty recognized by the American Board of Medical Specialties or the American Osteopathic Association; and*

*(c) Is an active member of, or the spouse of an active member of, the Armed Forces of the United States, a veteran or the surviving spouse of a veteran.*

*2. An applicant for a license by endorsement pursuant to this section must submit to the Board with his or her application:*

*(a) Proof satisfactory to the Board that the applicant:*

*(1) Satisfies the requirements of subsection 1;*

*(2) Is a citizen of the United States or otherwise has the legal right to work in the United States;*

*(3) Is not currently under investigation by the corresponding regulatory authority of the District of Columbia or the state or territory in which the applicant holds a license to practice medicine;*

*(b) A complete set of fingerprints and written permission authorizing the Board to forward the fingerprints in the manner provided in NRS 630.167;*

*(c) An affidavit stating that the information contained in the application and any accompanying material is true and correct; and*

*(d) Any other information, other than additional licensure requirements, required by the Board to complete the application.*



3. Not later than 15 business days after receiving an application for a license by endorsement to practice medicine pursuant to this section, the Board shall provide written notice to the applicant of any additional information, other than additional license requirements, required by the Board to consider the application. Unless the Board denies the application because the applicant does not fulfill a licensure requirement set forth in this chapter or the Board receives a report on the applicant's background pursuant to paragraph (b) of subsection 2 that the applicant is not qualified for licensure, the Board shall approve the application and issue:

(a) A provisional license by endorsement to practice medicine to the applicant not later than 15 days after receiving the complete application; or

(b) A license by endorsement to practice medicine:

(1) Not later than 15 days after receiving all the additional information required by the Board to complete the application; or

(2) Immediately after the Board receives a satisfactory report on the applicant's background based on the submission of the applicant's fingerprints,

↳ whichever occurs later.

4. Except as otherwise provided in this section, a license by endorsement to practice medicine pursuant to this section may be issued at a meeting of the Board or between its meetings by the President and Executive Director of the Board. Such an action shall be deemed to be an action of the Board.

5. At any time before making a final decision on an application for a license by endorsement pursuant to this section, the Board may grant a provisional license authorizing an applicant to practice medicine in accordance with regulations adopted by the Board.

6. The Board shall not deny licensure under this section because the physician practices a specialty for which he or she does not see patients, including, without limitation, the specialty of preventive medicine.

7. As used in this section, "veteran" has the meaning ascribed to it in NRS 417.005.

Sec. 2. NRS 630.160 is hereby amended to read as follows:

630.160 1. Every person desiring to practice medicine must, before beginning to practice, procure from the Board a license authorizing the person to practice.

2. Except as otherwise provided in NRS 630.1605, 630.1606, 630.1607, 630.161 and 630.258 to 630.2665, inclusive, and section 1 of this act, a license may be issued to any person who:



(a) Is a citizen of the United States or is lawfully entitled to remain and work in the United States;

(b) Has received the degree of doctor of medicine from a medical school:

(1) Approved by the Liaison Committee on Medical Education of the American Medical Association and Association of American Medical Colleges; or

(2) Which provides a course of professional instruction equivalent to that provided in medical schools in the United States approved by the Liaison Committee on Medical Education;

(c) Is currently certified by a specialty board of the American Board of Medical Specialties and who agrees to maintain the certification for the duration of the licensure, or has passed:

(1) All parts of the examination given by the National Board of Medical Examiners;

(2) All parts of the Federation Licensing Examination;

(3) All parts of the United States Medical Licensing Examination;

(4) All parts of a licensing examination given by any state or territory of the United States, if the applicant is certified by a specialty board of the American Board of Medical Specialties;

(5) All parts of the examination to become a licentiate of the Medical Council of Canada; or

(6) Any combination of the examinations specified in subparagraphs (1), (2) and (3) that the Board determines to be sufficient;

(d) Is currently certified by a specialty board of the American Board of Medical Specialties in the specialty of emergency medicine, preventive medicine or family medicine and who agrees to maintain certification in at least one of these specialties for the duration of the licensure, or:

(1) Has completed 36 months of progressive postgraduate:

(I) Education as a resident in the United States or Canada in a program approved by the Board, the Accreditation Council for Graduate Medical Education, the Royal College of Physicians and Surgeons of Canada, the Collège des médecins du Québec or the College of Family Physicians of Canada, or, as applicable, their successor organizations; or

(II) Fellowship training in the United States or Canada approved by the Board or the Accreditation Council for Graduate Medical Education;

(2) Has completed at least 36 months of postgraduate education, not less than 24 months of which must have been completed as a resident after receiving a medical degree from a



1 combined dental and medical degree program approved by the  
2 Board; or

3 (3) Is a resident who is enrolled in a progressive postgraduate  
4 training program in the United States or Canada approved by the  
5 Board, the Accreditation Council for Graduate Medical Education,  
6 the Royal College of Physicians and Surgeons of Canada, the  
7 Collège des médecins du Québec or the College of Family  
8 Physicians of Canada, or, as applicable, their successor  
9 organizations, has completed at least 24 months of the program and  
10 has committed, in writing, to the Board that he or she will complete  
11 the program; and

12 (e) Passes a written or oral examination, or both, as to his or her  
13 qualifications to practice medicine and provides the Board with a  
14 description of the clinical program completed demonstrating that the  
15 applicant's clinical training met the requirements of paragraph (b).

16 3. The Board may issue a license to practice medicine after the  
17 Board verifies, through any readily available source, that the  
18 applicant has complied with the provisions of subsection 2. The  
19 verification may include, but is not limited to, using the Federation  
20 Credentials Verification Service **or copies of certificates and**  
21 **licenses submitted by the applicant together with the applicant's**  
22 **affidavit explaining why the original certificates and licenses are**  
23 **not available.** If any information is verified by a source other than  
24 the primary source of the information, the Board may require  
25 subsequent verification of the information by the primary source of  
26 the information.

27 4. Notwithstanding any provision of this chapter to the  
28 contrary, if, after issuing a license to practice medicine, the Board  
29 obtains information from a primary or other source of information  
30 and that information differs from the information provided by the  
31 applicant or otherwise received by the Board, the Board may:

32 (a) Temporarily suspend the license;

33 (b) Promptly review the differing information with the Board as  
34 a whole or in a committee appointed by the Board;

35 (c) Declare the license void if the Board or a committee  
36 appointed by the Board determines that the information submitted  
37 by the applicant was false, fraudulent or intended to deceive the  
38 Board;

39 (d) Refer the applicant to the Attorney General for possible  
40 criminal prosecution pursuant to NRS 630.400; or

41 (e) If the Board temporarily suspends the license, allow the  
42 license to return to active status subject to any terms and conditions  
43 specified by the Board, including:

44 (1) Placing the licensee on probation for a specified period  
45 with specified conditions;



- (2) Administering a public reprimand;
- (3) Limiting the practice of the licensee;
- (4) Suspending the license for a specified period or until further order of the Board;
- (5) Requiring the licensee to participate in a program to correct alcohol or drug dependence or any other impairment;
- (6) Requiring supervision of the practice of the licensee;
- (7) Imposing an administrative fine not to exceed \$5,000;
- (8) Requiring the licensee to perform community service without compensation;
- (9) Requiring the licensee to take a physical or mental examination or an examination testing his or her competence to practice medicine;
- (10) Requiring the licensee to complete any training or educational requirements specified by the Board; and
- (11) Requiring the licensee to submit a corrected application, including the payment of all appropriate fees and costs incident to submitting an application.

5. If the Board determines after reviewing the differing information to allow the license to remain in active status, the action of the Board is not a disciplinary action and must not be reported to any national database. If the Board determines after reviewing the differing information to declare the license void, its action shall be deemed a disciplinary action and shall be reportable to national databases.

**Sec. 3.** NRS 630.1607 is hereby amended to read as follows:  
630.1607 1. Except as otherwise provided in NRS 630.161, the Board may issue a license by endorsement to practice medicine to an applicant who meets the requirements set forth in this section. An applicant may submit to the Board an application for such a license if the applicant:

(a) Holds a corresponding valid and unrestricted license to practice medicine in the District of Columbia or any state or territory of the United States; and

(b) Is certified in a specialty recognized by the American Board of Medical Specialties or the American Osteopathic Association.

2. An applicant for a license by endorsement pursuant to this section must submit to the Board with his or her application:

(a) Proof satisfactory to the Board that the applicant:

(1) Satisfies the requirements of subsection 1;

(2) Is a citizen of the United States or otherwise has the legal right to work in the United States; *and*

(3) ~~[Has not been disciplined and is]~~ *Is* not currently under investigation by the corresponding regulatory authority of the



District of Columbia or any state or territory in which the applicant holds a license to practice medicine; ~~and~~

~~(4) Has not been held civilly or criminally liable for malpractice in the District of Columbia or any state or territory of the United States;}~~

(b) A complete set of fingerprints and written permission authorizing the Board to forward the fingerprints in the manner provided in NRS 630.167;

(c) An affidavit stating that the information contained in the application and any accompanying material is true and correct; and

(d) Any other information , *other than additional licensure requirements*, required by the Board.

3. Not later than 15 business days after receiving an application for a license by endorsement to practice medicine pursuant to this section, the Board shall provide written notice to the applicant of any additional information , *other than additional licensure requirements*, required by the Board to consider the application. Unless the Board denies the application ~~{for good cause.}~~ *because the applicant does not fulfill a licensure requirement set forth in this chapter or the Board receives a report on the applicant's background pursuant to paragraph (b) of subsection 2 that the applicant is not qualified for licensure*, the Board shall approve the application and issue a license by endorsement to practice medicine to the applicant not later than:

(a) Forty-five days after receiving all the additional information required by the Board to complete the application; or

(b) Ten days after receiving a report on the applicant's background based on the submission of the applicant's fingerprints, ➔ whichever occurs later.

*4. The Board shall not deny licensure under this section because the physician practices a specialty for which he or she does not see patients, including, without limitation, the specialty of preventive medicine.*

~~{4.}~~ 5. A license by endorsement to practice medicine may be issued at a meeting of the Board or between its meetings by the President and Executive Director of the Board. Such an action shall be deemed to be an action of the Board.

~~{5.}~~ 6. At any time before making a final decision on an application for a license by endorsement pursuant to this section, the Board may grant a provisional license authorizing an applicant to practice medicine in accordance with regulations adopted by the Board.



**Sec. 4.** NRS 630.220 is hereby amended to read as follows:

630.220 **1.** The Board shall maintain records pertaining to applicants to whom licenses or permits have been issued or denied. The records must be open to the public and must include:

~~{1.}~~ (a) The name of each applicant.

~~{2.}~~ (b) The name of the school granting the diploma to the applicant.

~~{3.}~~ (c) The date of the diploma.

~~{4.}~~ (d) The address of the applicant.

~~{5.}~~ (e) The date of issuance or denial of the license.

**2. On or before January 31 of each year, the Executive Director of the Board shall compile a report on the Board's licensing activity during the immediately preceding year, stating the number of:**

(a) *Members of the Armed Forces of the United States, spouses of such members, veterans and surviving spouses of deceased veterans who applied for licensure by endorsement by the Board;*

(b) *Such licenses issued;*

(c) *Such licenses denied and the reasons for denial; and*

(d) *Days taken by the Board to process each such application.*

**3. On or before January 31 of each year, the Executive Director of the Board shall submit to the Director of the Legislative Counsel Bureau for transmittal to the Legislature or, if the Legislature is not in session, to the Legislative Commission, the report required pursuant to subsection 2.**

**Sec. 5.** NRS 630.268 is hereby amended to read as follows:

630.268 **1.** The Board shall charge and collect not more than the following fees:

For application for and issuance of a license to practice as a physician, including a license by endorsement ..... \$600

For application for and issuance of a temporary, locum tenens, limited, restricted, authorized facility, special, special purpose or special event license..... 400

For renewal of a limited, restricted, authorized facility or special license ..... 400

For application for and issuance of a license as a physician assistant, including a license by endorsement ..... 400

For biennial registration of a physician assistant..... 800

For biennial registration of a physician ..... 800





For application for and issuance of a license as a	
perfusionist or practitioner of respiratory care .....	\$400
For biennial renewal of a license as a perfusionist .....	600
For biennial registration of a practitioner of	
respiratory care .....	600
For biennial registration for a physician who is on	
inactive status .....	400
For written verification of licensure .....	50
For a duplicate identification card .....	25
For a duplicate license .....	50
For computer printouts or labels .....	500
For verification of a listing of physicians, per hour .....	20
For furnishing a list of new physicians .....	100

2. Except as otherwise provided in subsections 4 and 5, in addition to the fees prescribed in subsection 1, the Board shall charge and collect necessary and reasonable fees for the expedited processing of a request or for any other incidental service the Board provides.

3. The cost of any special meeting called at the request of a licensee, an institution, an organization, a state agency or an applicant for licensure must be paid for by the person or entity requesting the special meeting. Such a special meeting must not be called until the person or entity requesting it has paid a cash deposit with the Board sufficient to defray all expenses of the meeting.

4. If an applicant submits an application for a license by endorsement pursuant to:

(a) NRS 630.1607 ~~§~~ *or section 1 of this act*, and the applicant is an active member of, or the spouse of an active member of, the Armed Forces of the United States, a veteran or the surviving spouse of a veteran, the Board shall collect not more than one-half of the fee set forth in subsection 1 for the initial issuance of the license. As used in this paragraph, "veteran" has the meaning ascribed to it in NRS 417.005.

(b) NRS 630.2752, the Board shall collect not more than one-half of the fee set forth in subsection 1 for the initial issuance of the license.

5. If an applicant submits an application for a license by endorsement pursuant to NRS 630.1606 or 630.2751, as applicable, the Board shall charge and collect not more than the fee specified in subsection 1 for the application for and initial issuance of a license.

**Sec. 6.** 1. There is hereby appropriated from the State General Fund to the Office of Finance the sum of \$250,000 for allocation to the Nevada Health Service Corps established pursuant



1 to NRS 396.900 for the purpose of obtaining matching federal  
2 funds.

3 2. Any remaining balance of the appropriation made by  
4 subsection 1 of this act must not be committed for expenditure after  
5 June 30, 2021, by the entity to which the appropriation is made or  
6 any entity to which money from the appropriation is granted or  
7 otherwise transferred in any manner, and any portion of the  
8 appropriated money remaining must not be spent for any purpose  
9 after September 17, 2021, by either the entity to which the money  
10 was appropriated or the entity to which the money was subsequently  
11 granted or transferred, and must be reverted to the State General  
12 Fund on or before September 17, 2021.

13 **Sec. 7.** The provisions of subsection 1 of NRS 218D.380 do  
14 not apply to any provision of this act which adds or revises a  
15 requirement to submit a report to the Legislature.

16 **Sec. 8.** This act becomes effective on July 1, 2019.

